

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000036118

FILED
Jan 08, 2010
Secretary of State

Entity Name: JAX CITY INSURANCE GROUP, INC.

Current Principal Place of Business:

9943 BEACH BLVD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9943 BEACH BLVD
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3310222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOECHAT, RICARDO A
9943 BEACH BLVD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

CONLEY, MICHAEL T
3336 ROYAL PALM DR
JACKSONVILLE, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL CONLEY

01/08/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MCCRUM, LEAH M
Address: 9943 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEAH MCCRUM

P

01/08/2010

Electronic Signature of Signing Officer or Director

Date